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Bib Data Sheet

CONFIRMATION NO. 4225

SERIAL NUMBER 09/925,781	FILING DATE 08/09/2001  RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. AUS920010240US1
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* None DBC

\*\* FOREIGN APPLICATIONS \*\*\*\*\* None DBC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/13/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 9	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Dale K. Colbourne</i>	Initials <i>DBC</i>		

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## TITLE

Method of providing medical financial information

FILING FEE  RECEIVED 980	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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